

CLAIMS ONLY

Application Number

"Filling" Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 9/6/79		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9	/					
10						
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12						
13						
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16						
17						
18						
19	/					
20		/				
21	/					
22		/				
23	/					
24		/				
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep.	5					
Total Depend.	19					
Total Claims	24					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depe
61						
62						
63						
64						
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94						
95						
96						
97						
98						
99						
100						
Total Indep.						
Total Depend.						
Total Claims						